

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **101598086** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	12						53						
4	11						54						
5	10						55						
6	9						56						
7	8						57						
8	7						58						
9	6						59						
10	5						60						
11	4						61						
12	3						62						
13	2						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18							68						
19							69						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓			↓				↓			↓	
TOTAL DEP.	16	←			←				←			←	
TOTAL CLAIMS	17	↓			↓				↓			↓	